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Due Date: March 28, 2005

A. NEI
Rec: Date
3/28/05
T.L.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Thomas G.B. Mason et al Examiner: Dung T. Nguyen
Serial No.: 10/049,362 Group Art Unit: 2828
Filed: February 6, 2002 Docket: G&C 30794.61-US-WO
Title: TUNABLE LASER SOURCE WITH INTEGRATED OPTICAL MODULATOR

CERTIFICATE OF MAILING OR TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that this correspondence is being sent via facsimile transmission to: Commissioner for Patents,
P.O. Box 1450, Alexandria, VA 22313-1450 on March 28, 2005.

By: [Signature]
Name: George H. Gates

RESPONSE UNDER 37 C.F.R. §1.114

MAIL STOP RCE

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated December 27, 2004, which was made final, and in conjunction with the Request for Continued Examination (RCE) submitted herewith, please enter the following remarks in the above-identified application.

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PATENT APPLICATION: FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10/049362

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	26 minus 20 =	6
INDEPENDENT CLAIMS	3 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

6/16/04

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	26	Minus 26	=
Independent	3	Minus 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

RCE
3/28/05

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	25	Minus 26	=
Independent	3	Minus 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

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	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	=
Independent	*	Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	50
X\$ 9=	54
X42=	
+140=	
TOTAL	104

RATE	FEE
BASIC FEE	
X\$18=	
X84=	
+280=	
TOTAL	

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	
ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	
ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	
ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	
ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	
ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	
ADDIT. FEE	

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